EXHIBIT D

Device System Transactions: Pharmacy

This section details the procedures for submitting pharmacy claims, pharmacy claim reversals and drug price inquiries using the Point of Service (POS) device. These transactions comprise the pharmacy suite of POS device transactions.

If you have questions regarding the operation of the POS device, please call the Telephone Service Center (TSC) at 1-800-541-5555 and select the option for POS/Internet inquires.

Beginning a Transaction

Use the following two steps to begin any transaction that is part of the pharmacy suite. This includes pharmacy claims, pharmacy claim reversals and drug price inquiries. Next, refer to the instructions for the specific pharmacy transaction you wish to perform. Instructions for specific pharmacy transactions begin on the following pages:

- Pharmacy Claims: Page 2
- Pharmacy Claim Reversals: Page 18
- Drug Price Inquiries: Page 21
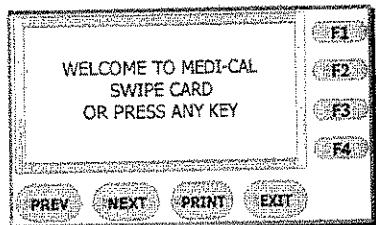
1. The first screen on the POS device is the Welcome screen. You can either swipe a Benefits Identification Card (BIC) through the card reader or press any key to get started.

   If you swipe a BIC, the recipient information coded on the magnetic stripe automatically displays in certain screens as you advance through the transaction. To accept the information, press <ENTER> when you reach the screen.

   If you do not swipe a BIC, you must type the requested information in each screen and press <ENTER>.

   Note: You need to obtain the issue date from the BIC to successfully enter a pharmacy transaction.
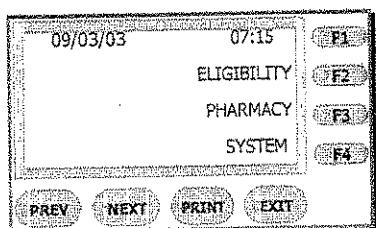
2. After swiping a BIC or pressing any key, the Main Menu screen displays. Press the Function (F) key corresponding to PHARMACY. In this example, press F3. If the PHARMACY option is not displayed and you see the (↓) character on the screen, press <NEXT> until the PHARMACY option displays, then press the corresponding F-key.

device system pharm

2

Submitting a Pharmacy Claim This section contains instructions for submitting pharmacy claims using the POS device. A 10-cent fee will be deducted from the reimbursed amount of each approved pharmacy claim submitted using the POS device. Only Pharmacy providers can submit and be reimbursed for claims using a POS device.

Note: Remarks and/or documentation cannot be included with claims submitted using the POS device. Claims that require remarks/documentation must be billed on a hard copy *Pharmacy Claim Form* (30-1) or as a Computer Media Claim (CMC).
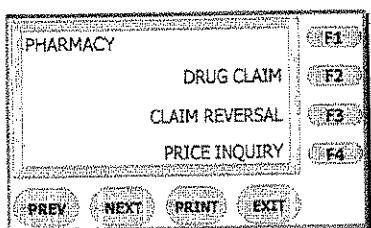
1. Pharmacy Menu

   After performing the steps of "Beginning a Transaction" (refer to page 1), the Pharmacy menu displays. Press the F-key corresponding to DRUG CLAIM. In this example, press F2.

2. Shortcut Key

   The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. Otherwise, press <ENTER> to bypass this screen. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

3. Provider Number

   If you entered a shortcut key in the previous step, this screen will automatically display your provider number; press <ENTER> to accept the displayed value. Otherwise, type your provider number and press <ENTER>.

4. Submitter ID

   The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

```
┌─────────────────────────┐
│ DRUG CLAIM         [F1] │
│                    [F2] │
│                    [F3] │
│ RECIPIENT ID:      [F4] │
│                         │
│ (PREV)(NEXT)(PRINT)(EXIT)│
└─────────────────────────┘
```

5. Recipient ID Number

The POS device will prompt you to enter the recipient ID number. If you swiped a BIC to begin the transaction, this screen will automatically display the recipient ID; press <ENTER> to accept the displayed value. Otherwise, type the recipient ID and press <ENTER>.

```
┌─────────────────────────┐
│ DRUG CLAIM         [F1] │
│ MALE      (M)      [F2] │
│ FEMALE    (F)      [F3] │
│ GENDER:            [F4] │
│                         │
│ (PREV)(NEXT)(PRINT)(EXIT)│
└─────────────────────────┘
```

6. Recipient Gender

The POS device will prompt you to enter the recipient's gender. If you swiped a BIC to begin the transaction, this screen will automatically display the gender; press <ENTER> to accept the displayed value. Otherwise, type the recipient's gender and press <ENTER>.

```
┌─────────────────────────┐
│ DRUG CLAIM         [F1] │
│                    [F2] │
│ DATE OF BIRTH:     [F3] │
│        CCYY-MM-DD  [F4] │
│                         │
│ (PREV)(NEXT)(PRINT)(EXIT)│
└─────────────────────────┘
```

7. Date of Birth

The POS device will prompt you to enter the recipient's date of birth. If you swiped a BIC to begin the transaction, this screen will automatically display the date of birth; press <ENTER> to accept the displayed value. Otherwise, type the recipient's date of birth in the format CCYYMMDD and press <ENTER>. For example, if the recipient's date of birth is September 29, 1970, type "19700929".

> **Note:** If you are billing for services to a newborn infant using the mother's ID number, <u>you must type the mother's date of birth at this prompt, not the infant's.</u>

```
┌─────────────────────────┐
│ DRUG CLAIM         [F1] │
│                    [F2] │
│ DATE OF ISSUE:     [F3] │
│         YY-MM-DD   [F4] │
│                         │
│ (PREV)(NEXT)(PRINT)(EXIT)│
└─────────────────────────┘
```

8. Date of Issue

The POS device will prompt you to enter the date of issue shown on the BIC. If you swiped a BIC to begin the transaction, this screen will automatically display the date of issue; press <ENTER> to accept the displayed value. Otherwise, type the date of issue in the format YYMMDD and press <ENTER>. For example, if the date of issue is August 26, 1998, type "980826".

device system pharm

4

---

9. Place of Service

The POS device will prompt you to enter the Place of Service code. If the recipient is in a facility, type the appropriate Place of Service code and press <ENTER>. Otherwise, press <ENTER> to bypass this screen.

10. Date of Service

The POS device will prompt you to enter the date of service. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the date of service is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the date of service is June 23, 2003, type "20030623".

11. Transaction Count

The POS device will prompt you for the transaction count (the number of Pharmacy claim lines you will be sending in this transaction). Type the transaction count and press <ENTER>.

Note: You can submit up to four claims lines per transaction.

12. Claim Line Number

Data entry for each transaction begins with a screen identifying the claim line number. Press <ENTER> to begin entering claim detail information for the claim line. The claim line number will display at the top of each subsequent screen pertaining to the claim line.

device system pharm

5

DRUG CLAIM - 01

F1
F2
F3
F4

PRESCRIPTION NUMBER:

PREV   NEXT   PRINT   EXIT

13. Prescription Number

The POS device will prompt you to enter the prescription number. Type the prescription number and press <ENTER>.

Note: You cannot have identical prescription numbers for the same date of service. If you do have identical numbers, Pharmacy claim reversals may not work. It is recommended that you modify your system if it generates identical prescription numbers for the same date of service.

DRUG CLAIM - 01

F1
F2
F3
F4

NDC/UPC:

PREV   NEXT   PRINT   EXIT

14. NDC/UPC

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

DRUG CLAIM - 01

F1
F2
F3
F4

QUANTITY:
            0000000.000

PREV   NEXT   PRINT   EXIT

15. Quantity

The POS device will prompt you to enter the quantity. Type the quantity and press <ENTER>. The correct measurement unit is listed beside each item in the *Drugs: Contract Drugs List* sections of the *Pharmacy* manual. You must use this measurement unit.

Note: You must enter the quantity in metric decimal quantities. The screen adds a decimal point in the correct position. For example:

- If the quantity is 22.51, type "22510". The screen will display "22.510".
- If the quantity is 10, type "10000". The screen will display "10.000".

DRUG CLAIM - 01

F1
F2
F3
F4

DAYS SUPPLY:

PREV   NEXT   PRINT   EXIT

16. Days Supply

The POS device will prompt you to enter the days supply. Type the estimated days supply of the drug and press <ENTER>.

device system pharm

6

DRUG CLAIM - 01

CHARGE:
$ 0.00

F1 F2 F3 F4

PREV NEXT PRINT EXIT

17. Charge

The POS device will prompt you to type the charge. Type your usual and customary charge for the drug in dollars and cents (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

For example, if the charge is $25, type "2500". The screen will display "$25.00". If you only type "25," you are entering 25¢, not $25. You may enter up to $999,999.99.

DRUG CLAIM - 01

PATIENT SOC AMOUNT:
$ 0.00

F1 F2 F3 F4

PREV NEXT PRINT EXIT

18. Patient's SOC Amount

The POS device will prompt you to enter the patient's (recipient's) Share of Cost (SOC) amount. If the recipient does not have a Share of Cost, press <ENTER> to bypass this screen. Otherwise, type the amount that the recipient has paid toward the Share of Cost liability in dollars and cents (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

For example, if the SOC is $25, type "2500". The screen will display "$25.00". If you only type "25," you are entering 25¢, not $25. You may enter up to $999,999.99.

If you skip this screen but the recipient has a Share of Cost, your claim will be denied and you must perform an Eligibility Verification transaction to determine the Share of Cost amount.

DRUG CLAIM - 01

NON-SPEC   (00)
OTHER   (09)
BASIS OF COST:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

19. Basis of Cost

The POS device will prompt you for the basis of cost. If the basis of cost is Disproportionate Share/Public Health Service, type "09" (which indicates "Other"). Otherwise, type "00" (which indicates "Not specified").

DRUG CLAIM - 01

CODE 1 RESTRICT MET:
N

F1 F2 F3 F4

PREV NEXT PRINT EXIT

20. Code 1 Restriction Met

This screen is used to indicate whether the Code 1 restriction has been met and displays "N" (No) by default. If the drug does not have a Code 1 restriction, press <ENTER> to accept the default value. If the Code 1 restriction has been met, type "Y" and press <ENTER>.

```
┌─────────────────────────────┐
│ DRUG CLAIM - 01        [F1] │
│  NOT SPECIFIED      (0)     │
│  NONE IDENTIFIED    (1) [F2]│
│  PAYMENT COLLECTED  (2)     │
│ ▼ CLAIM NOT COVERED (3) [F3]│
│                             │
│ OTHER COVERAGE CODE:   [F4] │
│                             │
│ (PREV) (NEXT) (PRINT) (EXIT)│
└─────────────────────────────┘
```

21. Other Coverage Code

The POS device will prompt you to enter the appropriate other coverage code and press <ENTER>.

If you type "2" (PAYMENT COLLECTED), proceed with step 22. If you type something other than "2," proceed with step 23.

Note: If you type "2" you must enter a dollar amount in the OTHER PAYER AMOUNT screen in step 22.

```
┌─────────────────────────────┐
│ DRUG CLAIM - 01        [F1] │
│ ▲ PAYMT NOT COLL    (4)     │
│  CARE PLAN DENTAL   (5) [F2]│
│  NOT IN EFFECT      (7)     │
│                        [F3] │
│ OTHER COVERAGE CODE:        │
│                        [F4] │
│ (PREV) (NEXT) (PRINT) (EXIT)│
└─────────────────────────────┘
```

```
┌─────────────────────────────┐
│ DRUG CLAIM - 01        [F1] │
│                        [F2] │
│                             │
│ OTHER PAYER AMOUNT:    [F3] │
│                  $          │
│                        [F4] │
│                             │
│ (PREV) (NEXT) (PRINT) (EXIT)│
└─────────────────────────────┘
```

22. Other Payer Amount

This screen only displays if you typed an other coverage code of "2" in step 21. If this screen displays, type the Other Health Coverage (OHC) amount paid (up to $999,999.99) and press <ENTER>.

Note: You must enter a valid dollar amount. If you enter zero dollars in this screen, the claim will be denied.

```
┌─────────────────────────────┐
│ DRUG CLAIM - 01        [F1] │
│                             │
│ PRIOR AUTH        (1)  [F2] │
│ EPSDT             (3)       │
│ FAMILY PLAN IND   (6)  [F3] │
│                             │
│ PRIOR AUTH TYPE:       [F4] │
│                             │
│ (PREV) (NEXT) (PRINT) (EXIT)│
└─────────────────────────────┘
```

23. Prior Authorization Type

The POS device will prompt you to enter the prior authorization type. Type the appropriate authorization type and press <ENTER>. If there is no prior authorization type, press <ENTER> to bypass this screen.

```
┌─────────────────────────────┐
│ DRUG CLAIM - 01        [F1] │
│                        [F2] │
│                             │
│                        [F3] │
│                             │
│ TCN:                   [F4] │
│                             │
│ (PREV) (NEXT) (PRINT) (EXIT)│
└─────────────────────────────┘
```

24. TAR Control Number

This screen only displays if you typed a prior authorization type of "1" in step 23. If this screen displays, type the Treatment Authorization Request (TAR) Control number, known as a TCN. Type the entire 11-digit TCN and press <ENTER>. If no prior authorization type was entered in step 23, the device automatically bypasses this screen.

device system pharm

8

```
┌─────────────────────────┐
│ DRUG CLAIM - 01      F1  │
│                      F2  │
│                      F3  │
│ PRESCRIBER LICENSE:  F4  │
│                          │
│ PREV   NEXT   PRINT  EXIT│
└─────────────────────────┘
```
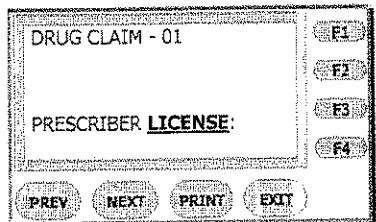
25. Prescriber License

The POS device will prompt you to enter the prescriber's State license number. Type the prescriber's State license number and press <ENTER>.

Note: Do not enter the prescriber's DEA number.

```
┌─────────────────────────┐
│ DRUG CLAIM - 01      F1  │
│                      F2  │
│                      F3  │
│ DUR CONFLICT CODE:   F4  │
│                          │
│ PREV   NEXT   PRINT  EXIT│
└─────────────────────────┘
```
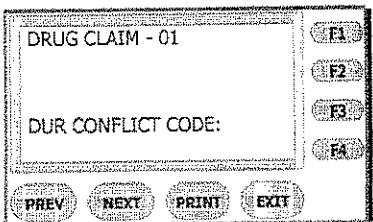
26. DUR Conflict Code

The POS device will prompt you to enter a Drug Use Review (DUR) conflict code. If one of the DUR problems listed below was identified and resolved during the filling of the prescription, type the applicable DUR conflict code and press <ENTER>. Otherwise, press <ENTER> to bypass this screen.

DUR Conflict Codes:

LD	Low Dose	SX	Drug-gender
HD	High Dose	DA	Drug-allergy
LR	Underutilization	PG	Drug-pregnancy
PA	Drug-age		

Note: Only the above codes can be submitted with the initial transaction.

If you bypass this screen but the Medi-Cal host computer detects one or more DUR conflicts, the host will respond with one or more of the following code(s):

LD	Low Dose	MX	Incorrect Duration
HD	High Dose	DA	Drug-allergy
LR	Underutilization	PG	Drug-pregnancy
PA	Drug-age	DD	Drug-drug interaction
SX	Drug-gender	TD	Therapeutic Duplication
ID	Ingredient Duplication	MC	Drug (Actual)-disease
ER	Over utilization	DC	Drug (Inferred)-disease
AT	Additive Toxicity		
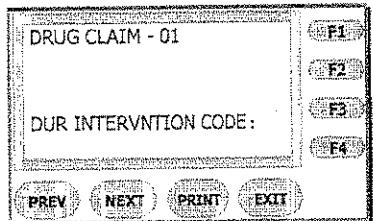
27. DUR Intervention Code

```
DRUG CLAIM - 01              F1

                             F2

DUR INTERVNTION CODE:        F3

                             F4

PREV   NEXT   PRINT   EXIT
```

This screen only displays if you typed a DUR conflict code in step 26. The POS device will prompt you to enter a DUR intervention code. If a DUR problem was identified and resolved during the filling of the prescription, type one of the following DUR intervention codes and press <ENTER>:

M0   Prescriber consulted
P0   .   Patient consulted
R0   Pharmacist consulted other source

(For the above codes, 0 = zero.)

Note: This screen cannot be bypassed. You must enter an intervention code or the claim will be denied.

If you are responding to one or more DUR alerts from a previous claim submission, choose one alert at a time and respond to it.
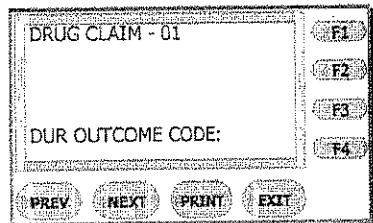
28. DUR Outcome Code

```
DRUG CLAIM - 01              F1

                             F2

                             F3

DUR OUTCOME CODE:            F4

PREV   NEXT   PRINT   EXIT
```

This screen only displays if you typed a DUR conflict code in step 26. The POS device will prompt you to enter a DUR outcome code. If a DUR problem was identified and resolved during the filling of the prescription, type one of the following DUR outcome codes and press <ENTER>:

1A   Filled, false positive
1B   Filled prescription as is
1C   Filled with different dose
1D   Filled with different directions
1E   Filled with different drug
1F   Filled with different quantity
1G   Filled with prescriber approval

2A   Prescription not filled
2B   Prescription not filled – directions clarified

Note: This screen cannot be bypassed. You must enter an outcome code or the claim will be denied.

If you are responding to one or more DUR alerts from a previous claim submission, type the applicable DUR outcome code for the alert to which you are responding and press <ENTER>.

Refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy* manual or the Medi-Cal Web site (**www.medi-cal.ca.gov**) for additional information about DUR.

device system pharm
10

```
┌──────────────────────────────────┐
│ ┌──────────────────────┐  ╭──╮   │
│ │ DRUG CLAIM - 01      │  │F1│   │
│ │                      │  ╰──╯   │
│ │                      │  ╭──╮   │
│ │ (1 OR 2)             │  │F2│   │
│ │                      │  ╰──╯   │
│ │                      │  ╭──╮   │
│ │ DIAGNOSIS CODE COUNT:│  │F3│   │
│ └──────────────────────┘  ╰──╮   │
│                           ╭──╮   │
│                           │F4│   │
│ ╭────╮ ╭────╮ ╭─────╮ ╭────╮     │
│ │PREV│ │NEXT│ │PRINT│ │EXIT│     │
│ ╰────╯ ╰────╯ ╰─────╯ ╰────╯     │
└──────────────────────────────────┘
```

29. Diagnosis Code Count

Type the number of diagnosis codes for this claim line and press <ENTER>, or press <ENTER> to bypass this screen.

Because you can enter up to two diagnosis codes per claim line (a primary diagnosis code and a secondary diagnosis code), this screen accepts a "1" or "2."

```
┌──────────────────────────────────┐
│ ┌──────────────────────┐  ╭──╮   │
│ │ DRUG CLAIM - 01      │  │F1│   │
│ │                      │  ╰──╯   │
│ │                      │  ╭──╮   │
│ │                      │  │F2│   │
│ │                      │  ╰──╯   │
│ │                      │  ╭──╮   │
│ │                      │  │F3│   │
│ │ PRIM DIAGNOSIS CODE: │  ╭──╮   │
│ └──────────────────────┘  │F4│   │
│                           ╰──╯   │
│ ╭────╮ ╭────╮ ╭─────╮ ╭────╮     │
│ │PREV│ │NEXT│ │PRINT│ │EXIT│     │
│ ╰────╯ ╰────╯ ╰─────╯ ╰────╯     │
└──────────────────────────────────┘
```

30. Primary Diagnosis Code

Type the primary diagnosis code and press < ENTER>.

Note: The following rules apply to diagnosis code entries:

- They must contain four to six characters and include a decimal point (which is counted as a character).
- The decimal point must be entered by the user; one is not automatically inserted by the POS device.
- If the diagnosis code contains only numeric characters, the decimal point must be the fourth character entered. For example, "123.4" is a correct entry; "12.34" is not.
- If the diagnosis code begins with an alpha character, the decimal point must be the fifth character entered. For example, "E123.4" is a correct entry; "E12.34" is not.
- If an alpha character is entered in any position other than the first position, the claim will be denied. For example, "12E3.4" is an incorrect entry and will result in a denied claim.

```
┌──────────────────────────────────┐
│ ┌──────────────────────┐  ╭──╮   │
│ │ DRUG CLAIM - 01      │  │F1│   │
│ │                      │  ╰──╯   │
│ │                      │  ╭──╮   │
│ │                      │  │F2│   │
│ │                      │  ╰──╯   │
│ │                      │  ╭──╮   │
│ │ SEC DIAGNOSIS CODE:  │  │F3│   │
│ └──────────────────────┘  ╭──╮   │
│                           │F4│   │
│                           ╰──╯   │
│ ╭────╮ ╭────╮ ╭─────╮ ╭────╮     │
│ │PREV│ │NEXT│ │PRINT│ │EXIT│     │
│ ╰────╯ ╰────╯ ╰─────╯ ╰────╯     │
└──────────────────────────────────┘
```

31. Secondary Diagnosis Code

This screen only displays if you typed "2" in the DIAGNOSIS CODE COUNT screen in step 29.

If this screen displays, type the secondary diagnosis code and press <ENTER>.

Note: Refer to step 30 for the rules that apply to diagnosis code entries.

```
┌─────────────────────────┐
│ DRUG CLAIM - 02    [F1]  │
│                    [F2]  │
│                    [F3]  │
│ CLAIM LINE 02      [F4]  │
│                         │
│ (PREV)(NEXT)(PRINT)(EXIT)│
└─────────────────────────┘
```

32. Claim Line Number

This screen only displays if you typed something other than "1" in the TRANSACTION COUNT screen in step 11.

If you indicated multiple claim lines in step 11 (you may submit up to four claim lines per transaction), the POS device progresses through the same series of screens as it did for Claim Line 01. You must repeat steps 13 – 31 for each claim line.

```
┌─────────────────────────┐
│ DRUG CLAIM    SEND [F1]  │
│             RE-EDIT [F2] │
│               SOC  [F3]  │
│                MS  [F4]  │
│                         │
│ (PREV)(NEXT)(PRINT)(EXIT)│
└─────────────────────────┘
```

33. Send/Re-Edit Screen

After you have completed steps 11 – 31 for all claim lines, the device displays the Send/Re-Edit screen.

The SEND option allows you to submit the transaction. The RE-EDIT option allows you to change your transaction data. For more information on the SOC or MS options, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

To submit the Pharmacy claim, press F1 (SEND). To change any of your entries, press F2 (RE-EDIT), then refer to step 34.

```
┌─────────────────────────┐
│ DRUG CLAIM   HEADER [F1] │
│          CLAIM LINE 01[F2]│
│          CLAIM LINE 02[F3]│
│                    [F4]  │
│                         │
│ (PREV)(NEXT)(PRINT)(EXIT)│
└─────────────────────────┘
```

34. If you pressed F2 (RE-EDIT) in step 33, the screen lists the claim line numbers next to corresponding Function (F) keys. In this example, the transaction contains two claim lines.

To change an entry pertaining to a claim line, press the F-key corresponding to the claim line. The device will display the header screen for the selected claim line. Scroll through the screen pertaining to the claim line by pressing <NEXT> or <PREV> until you reach the entry you wish to change.

To change an entire entry, type in a new entry and press <ENTER>. The new entry replaces the previous entry.

To change single characters in an entry, press <BACKSPACE> on the keyboard or keypad to delete the entry one character at a time until you delete the incorrect character. Re-type the entry from that character forward.

When all edits have been verified and are correct, repeatedly press <NEXT> or <ENTER> until the Send/Re-Edit screen again displays, then press F1 (SEND) to submit the pharmacy claim.

device system pharm

12

DRUG CLAIM

F1
F2
F3

DIAL PRIMARY. . .   F4

PREV   NEXT   PRINT   EXIT
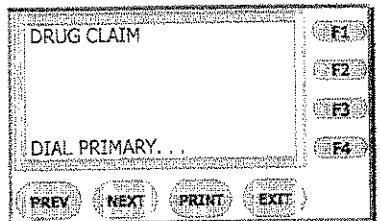
After you submit the claim by pressing F1, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.

DRUG CLAIM

F1
F2
F3

RECEIVING. . .   F4

PREV   NEXT   PRINT   EXIT

Response Received

DRUG CLAIM   F1

RESPONSE RECEIVED   F2
PRESS PRINT KEY TO
GENERATE RECEIPT   F3
OR ANY KEY TO
CONTINUE   F4

PREV   NEXT   PRINT   EXIT

Shortly after submitting the transaction, the POS device will display a message Indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.

LINE 1 PAID   F1
$ 0.00 [F2]
LINE 2 REJECT   [F4]   F2
REJECT CODE:
DENIAL CODE: F3
INVALID HOST RESPONSE   F4

PREV   NEXT   PRINT   EXIT
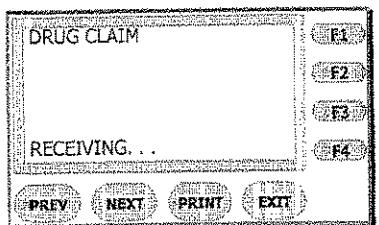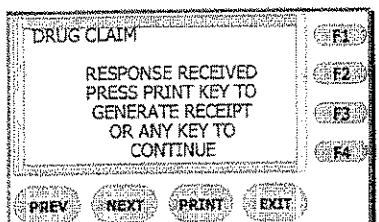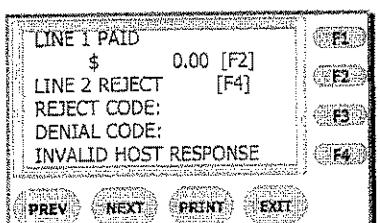
After you press any key, the device displays the response to your claim.

More Than One Line Billed

```
LINE 1 PAID                    [F1]
     $        0.00  [F2]       [F2]
LINE 2 REJECT     [F4]
REJECT CODE: 05                [F3]
DENIAL CODE: 0660
SUBMITTER INACTIVE             [F4]

PREV   NEXT   PRINT   EXIT
```

If you billed more than one claim line, the response will address each claim line and will extend over multiple screens. Press <NEXT> or <ENTER> to scroll down the screen to view each response. Press <PREV> to scroll up.

The response references a specific Function (F) key for each claim line. Press the indicated F-key to review the information for that particular claim line. In this example, you would press F2 to view the information for claim line 1 and F4 to view the information for claim line 2.

Note: It is possible for one claim line to be reimbursed, one to be denied and one to generate a DUR alert, or any combination of the three.

Paid Claim

```
DRUG CLAIM                     [F1]
                               [F2]
                               [F3]
CLAIM LINE 01
PAID $   50.00                 [F4]

PREV   NEXT   PRINT   EXIT
```

If the claim is reimbursed, the screen will indicate the reimbursed amount.

Note: The actual reimbursed amount will vary depending on the drug and amount billed.

Denied Claim

```
LINE 1 REJECT:                 [F1]
REJECT CODE:  05               [F2]
DENIAL CODE:  0660
SUBMITTER INACTIVE             [F3]
                               [F4]

PREV   NEXT   PRINT   EXIT
```

If the claim is denied, the screen will display denial information.

To locate the denial reason(s), press <NEXT> or <ENTER> to scroll through the screens.

One or more screens may contain two-character National Council for Prescription Drug Programs (NCPDP) reject codes. This indicates that your claim denied for a reason associated with the entry in that screen(s).

device system pharm

14

NCPDP Reject Codes

To determine the reason for a denied claim line, look up the two-digit NCPDP reject code in the *Reject Codes for the Medi-Cal-Supplied POS Device and Real Time Internet Pharmacy (RTIP)* section of the *Pharmacy* manual.

More Than One Line Billed

If you billed more than one claim line, continue to scroll through the screens (by pressing <NEXT> or <ENTER>) until you have reviewed all entries for all claim lines.

Note: It is possible for one claim line to be reimbursed, one to be denied and one to generate a DUR alert, or any combination of the three.

Correcting Errors

After reviewing your entries, if you determine that the claim was denied due to an entry error, press <EXIT> to return to the Send/Re-Edit screen, then press F2 (RE-EDIT). Press <NEXT> or <ENTER> to scroll through the screens until you reach the screen that contains the error. Correct the error, then press <NEXT> or <ENTER> to return to the Send/Re-Edit screen. Finally, press F1 to re-submit the claim.

If the denied claim was not the result of an entry error (for example, the recipient has Other Health Coverage or has not yet cleared a Share of Cost liability), take the appropriate action before attempting to re-submit the claim. For example, you may need to first submit the claim to an Other Health Coverage carrier.

DUR Alert

If the claim line(s) generates a DUR alert, you will encounter the following screens as you scroll through your entries.

This screen indicates that DUR input is now necessary. One or more of the examples on the next page will display for input.
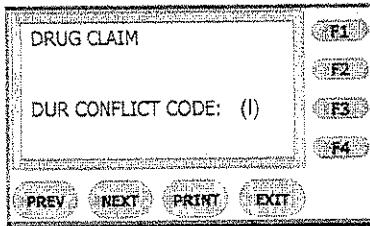
Press <NEXT> or <ENTER> to view each DUR information screen.
Examples of DUR information screens that you may encounter are as
follows:

```
DRUG CLAIM  01 REJECT           F1
DUR INFORMATION:                F2
                                F3
DUR CONFLICT CODE:              F4
                     XX
PREV   NEXT   PRINT   EXIT
```

```
DRUG CLAIM  01 REJECT           F1
DUR INFORMATION:                F2
                                F3
SEVERITY INDEX CODE:            F4
                      X
PREV   NEXT   PRINT   EXIT
```

```
DRUG CLAIM  01 REJECT           F1
DUR INFORMATION:                F2
                                F3
OTHER PHARMACY IND:             F4
                     X
PREV   NEXT   PRINT   EXIT
```

```
DRUG CLAIM  01 REJECT           F1
DUR INFORMATION:                F2
DATABASE INDICATOR:             F3
                      X         F4
OTHER PRESCRIBER IND
                      X
PREV   NEXT   PRINT   EXIT
```

```
DRUG CLAIM  01 REJECT           F1
DUR INFORMATION:                F2
 PREVIOUS FILL DATE:            F3
          XXXX-XX-XX            F4
PREVIOUS FILL AMOUNT:
          0.00
PREV   NEXT   PRINT   EXIT
```

```
DRUG CLAIM  01 REJECT           F1
                                F2
ADDITIONAL MESSAGE TEXT:        F3
MAX DOSE = XXXX.XX              F4
ML/DAY
PREV   NEXT   PRINT   EXIT
```

device system pharm

16

Examples of DUR information screens (continued):

```
DRUG CLAIM  01 REJECT          F1
END OF DUR ALERT MESSAGE       F2
                               F3
                               F4

PREV   NEXT   PRINT   EXIT
```
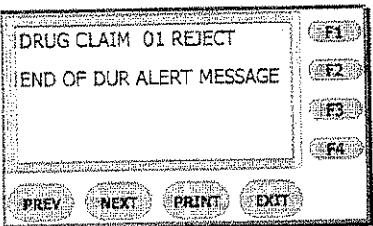
More Than Nine DUR Alerts

The POS device displays up to nine DUR alerts per claim line and will inform you if more than nine alerts have been generated. If this occurs, call the TSC at 1-800-541-5555 to inquire about the additional alerts.

DUR Codes and Messages

The following codes and messages apply to DUR alerts:

Severity Index Code
0   N/A
1   Major Significance

Other Pharmacy Indicator
0   N/A
1   Same Pharmacy

Previous Fill Date
00000000   N/A
CCYYMMDD Previous Fill Date

Database Indicator
1   First DataBank

Other Prescriber Indicator
0   N/A
1   Same Prescriber
2   Other Prescriber

Note: If you are unsure of the meaning of a message, refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy* manual or call the TSC at 1-800-541-5555.

| **Responding to DUR Alerts** | After reviewing all DUR alerts, press <ENTER> to display the Send/Re-Edit screen, then press F2 (RE-EDIT). Press <NEXT> or <ENTER> to scroll through the claim. Type the applicable DUR conflict, intervention and outcome codes in the appropriate screens. |

DUR Conflict Codes and Messages

When you reach the DUR CONFLICT CODE screen, type the applicable DUR conflict code for the alert you are responding to, then press <ENTER>. DUR conflict codes are as follows:

LD	Low Dose	HD	High Dose
MX	Incorrect Duration	DA	Drug/Allergy
LR	Under-Utilization	PG	Drug/Pregnancy DUR Alerts
PA	Drug/Age	DD	Drug-Drug Interaction
SX	Drug/Gender	TD	Therapeutic Duplication
ID	Ingredient Duplication	MC	Drug (Actual)-Disease
ER	Over-Utilization	AT	Additive Toxicity
DC	Drug (Inferred)-Disease		

DUR Intervention Codes and Messages

When you reach the DUR INTERVENTION screen, type the applicable DUR intervention code for the alert you are responding to, then press <ENTER>. DUR intervention codes are as follows:

M0   Prescriber consulted
P0   Patient consulted
R0   Pharmacist consulted other source

(For the above codes, 0 = zero.)

DUR Outcome Codes and Messages

When you reach the DUR OUTCOME CODE screen, type the applicable DUR outcome code and press <ENTER>. DUR outcome codes are as follows:

1A   Filled, false positive
1B   Filled prescription as is
1C   Filled with different dose
1D   Filled with different directions
1E   Filled with different drug
1F   Filled with different quantity
1G   Filled with prescriber approval

2A   Prescription not filled
2B   Prescription not filled – directions clarified

Refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy* manual or the Medi-Cal Web site (**www.medi-cal.ca.gov**) for additional information about DUR.

device system pharm

18

Pharmacy Claim Reversal   If you wish to reverse a pharmacy claim that has been submitted and reimbursed, you can submit a claim reversal using your POS device.
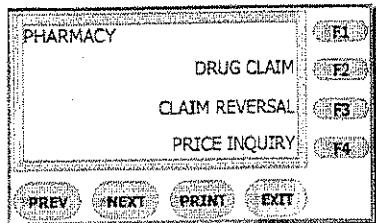
1. Pharmacy Menu

   After performing the steps of "Beginning a Transaction" (refer to page 1), the Pharmacy menu displays. Press the Function (F) key corresponding to CLAIM REVERSAL.

2. Shortcut Key

   The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. Otherwise, press <ENTER> to bypass this screen. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

3. Provider Number

   If you entered a shortcut key in the previous step, this screen will automatically display your provider number; press <ENTER> to accept the displayed value. Otherwise, type your provider number and press <ENTER>.

4. Submitter ID

   The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

device system pharm
19

CLAIM REVERSAL

DATE OF SERVICE:
        CCYY-MM-DD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

5. Date of Service

The POS device will prompt you to enter the date of service. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the date of service is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the date of service is June 23, 2003, type "20030623".

CLAIM REVERSAL

PRESCRIPTION NUMBER:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

6. Prescription Number
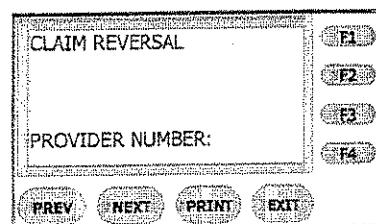
The POS device will prompt you to enter your prescription number. Type the prescription number of the claim you wish to reverse and press <ENTER>.

CLAIM REVERSAL

NDC/UPC:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

7. NDC/UPC Number

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

CLAIM REVERSAL   SEND
                  RE-EDIT
                  SOC
                  MS

F1 F2 F3 F4

PREV NEXT PRINT EXIT

8. Send/Re-Edit Screen

After entering the NDC/UPC number, the Send/Re-Edit screen displays. Press F1 (SEND) to submit the pharmacy reversal transaction.

device system pharm

20
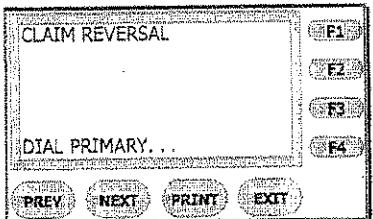
```
┌─────────────────────────────┐
│ CLAIM REVERSAL        [F1]   │
│                       [F2]   │
│                       [F3]   │
│ DIAL PRIMARY...       [F4]   │
│ (PREV) (NEXT) (PRINT) (EXIT) │
└─────────────────────────────┘
```

After you press F1, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.

```
┌─────────────────────────────┐
│ CLAIM REVERSAL        [F1]   │
│                       [F2]   │
│                       [F3]   │
│ RECEIVING...          [F4]   │
│ (PREV) (NEXT) (PRINT) (EXIT) │
└─────────────────────────────┘
```

Response Received

```
┌─────────────────────────────┐
│ CLAIM REVERSAL        [F1]   │
│    RESPONSE RECEIVED  [F2]   │
│    PRESS PRINT KEY TO        │
│    GENERATE RECEIPT   [F3]   │
│    OR ANY KEY TO             │
│    CONTINUE           [F4]   │
│ (PREV) (NEXT) (PRINT) (EXIT) │
└─────────────────────────────┘
```

Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.

```
┌─────────────────────────────┐
│ CLAIM REVERSED        [F1]   │
│                       [F2]   │
│                       [F3]   │
│                       [F4]   │
│ (PREV) (NEXT) (PRINT) (EXIT) │
└─────────────────────────────┘
```
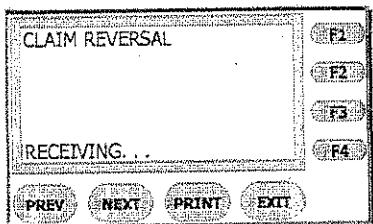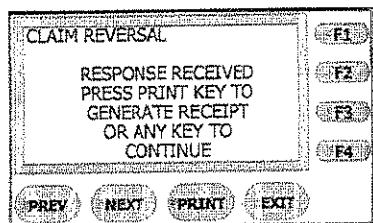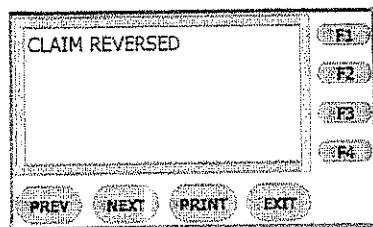
After you press any key, the device displays the response to your Pharmacy reversal transaction.

Note: If you are unsure of the meaning of a POS message, call the TSC at 1-800-541-5555.

device system pharm
21

Drug Price Inquiry

In addition to pharmacy claim and claim reversal transactions, you can perform drug price inquiries using your POS device.
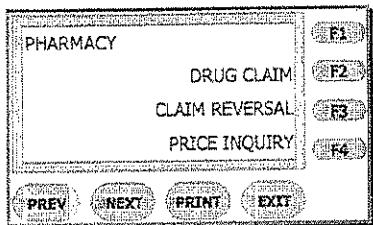
```
┌─────────────────────────────┐
│ PHARMACY              [F1]   │
│                              │
│           DRUG CLAIM  [F2]   │
│       CLAIM REVERSAL  [F3]   │
│       PRICE INQUIRY   [F4]   │
│                              │
│ (PREV)(NEXT)(PRINT)(EXIT)    │
└─────────────────────────────┘
```

1. Pharmacy Menu

   After performing the steps of "Beginning a Transaction" (refer to page 1), the Pharmacy menu displays. Press the Function (F) key corresponding to PRICE INQUIRY.

```
┌─────────────────────────────┐
│ PRICE INQUIRY         [F1]   │
│                       [F2]   │
│                       [F3]   │
│ ENTER SHORTCUT KEY:   [F4]   │
│                              │
│ (PREV)(NEXT)(PRINT)(EXIT)    │
└─────────────────────────────┘
```

2. Shortcut Key

   The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. Otherwise, press <ENTER> to bypass this screen. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

```
┌─────────────────────────────┐
│ PRICE INQUIRY         [F1]   │
│                       [F2]   │
│                       [F3]   │
│ PROVIDER NUMBER:      [F4]   │
│                              │
│ (PREV)(NEXT)(PRINT)(EXIT)    │
└─────────────────────────────┘
```

3. Provider Number

   If you entered a shortcut key in the previous step, this screen will automatically display your provider number; press <ENTER> to accept the displayed value. Otherwise, type your provider number and press <ENTER>.

```
┌─────────────────────────────┐
│ PRICE INQUIRY         [F1]   │
│                       [F2]   │
│                       [F3]   │
│ SUBMITTER ID:         [F4]   │
│                              │
│ (PREV)(NEXT)(PRINT)(EXIT)    │
└─────────────────────────────┘
```

4. Submitter ID

   The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

device system pharm
22

PRICE INQUIRY F1 F2 F3 F4 RECIPIENT ID: PREV NEXT PRINT EXIT	**5.** Recipient ID Number The POS device will prompt you to enter the recipient ID number. If you swiped a BIC to begin the transaction, this screen will automatically display the recipient ID; press <ENTER> to accept the displayed value. Otherwise, type the recipient ID and press <ENTER>. **Note:** For drug price inquires, a Client Index Number (CIN), MEDS ID number, Social Security Number (SSN) or nine-digit "dummy" number are acceptable recipient IDs.
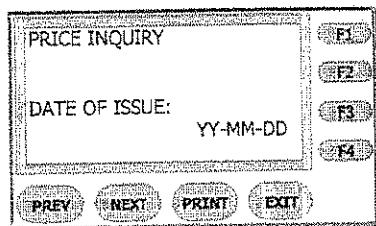
PRICE INQUIRY F1 F2 F3 F4 DATE OF ISSUE: YY-MM-DD PREV NEXT PRINT EXIT	**6.** Date of Issue The POS device will prompt you to enter the date of issue shown on the BIC. If you swiped a BIC to begin the transaction, this screen will automatically display the date of issue; press <ENTER> to accept the displayed value. Otherwise, type the date of issue in the format YYMMDD and press <ENTER>. For example, if the date of issue is August 26, 1998, type "980826". **Note:** Any date is acceptable as long as it is in the correct format.
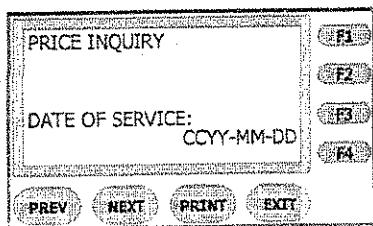
PRICE INQUIRY F1 F2 F3 F4 DATE OF SERVICE: CCYY-MM-DD PREV NEXT PRINT EXIT	**7.** Date of Service The POS device will prompt you to enter the date of service. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the date of service is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the date of service is June 23, 2003, type "20030623".
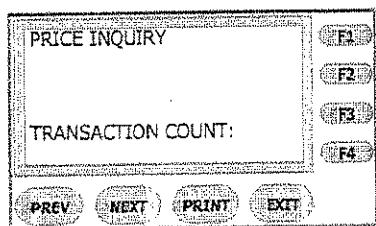
PRICE INQUIRY F1 F2 F3 F4 TRANSACTION COUNT: PREV NEXT PRINT EXIT	**8.** Transaction Count The device will prompt you for the transaction count (the number of price inquiries you will be sending in this transaction). Type the transaction count and press <ENTER>. **Note:** You can submit up to four price inquiries per transaction.
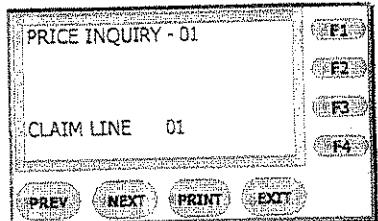
PRICE INQUIRY - 01

CLAIM LINE   01

F1 F2 F3 F4

PREV NEXT PRINT EXIT

9. Claim Line Number

Data entry for each transaction begins with a screen identifying the claim line number. Press <ENTER> to begin entering claim detail information for the claim line. The claim line number will display at the top of each subsequent screen pertaining to the claim line.

PRICE INQUIRY - 01

PRESCRIPTION NUMBER:

F1 F2 F3 F4

PREV NEXT PRINT EXIT
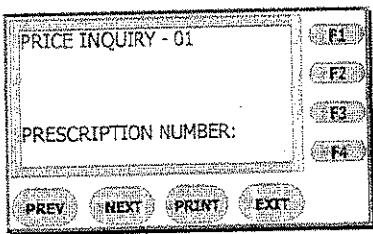
10. Prescription Number

The POS device will prompt you to enter the prescription number. Type the prescription number and press <ENTER>.

Note: You cannot have identical prescription numbers for the same date of service. If you do have identical numbers, drug price inquiries may not work. It is recommended that you modify your system if it generates identical prescription numbers for the same date of service.

PRICE INQUIRY - 01

NDC/UPC:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

11. NDC/UPC

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

PRICE INQUIRY - 01

QUANTITY:

F1 F2 F3 F4

PREV NEXT PRINT EXIT
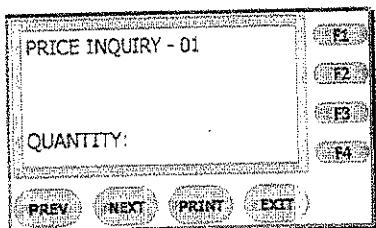
12. Quantity

The POS device will prompt you to enter the quantity. Type the quantity and press <ENTER>. The correct measurement unit is listed beside each item in the *Drugs: Contract Drugs List* sections of the *Pharmacy* manual. You must use this measurement unit.

Note: You must enter the quantity in metric decimal quantities. The screen adds a decimal point in the correct position. For example:

- If the quantity is 22.51, type "22510". The screen will display "22.510".
- If the quantity is 10, type "10000". The screen will display "10.000".

device system pharm

24

```
PRICE INQUIRY - 01          F1
                            F2
CHARGE:                     F3
        $      0.00         F4

PREV   NEXT   PRINT   EXIT
```

13. Charge

   The POS device will prompt you to enter the charge. Type your usual and customary charge for the drug in dollars and cents (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

   For example, if the charge is $25, type "2500". The screen will display "$25.00". If you only type "25," you are entering 25¢, not $25. You may enter up to $999,999.99.

```
PRICE INQUIRY - 01          F1
NOT SPECIFIED     (0)       F2
PRIOR AUTH        (1)       F3
PRIOR AUTH TYPE:            F4

PREV   NEXT   PRINT   EXIT
```

14. Prior Authorization Type

   The POS device will prompt you to enter the prior authorization type. Type the appropriate authorization type and press <ENTER>. If there is no prior authorization type, enter "0" or press <ENTER> to bypass this screen.

```
PRICE INQUIRY - 01          F1
                            F2
                            F3
TCN:                        F4

PREV   NEXT   PRINT   EXIT
```

15. TAR Control Number

   This screen only displays if you typed a prior authorization type of "1" in step 14. If this screen displays, type the Treatment Authorization Request (TAR) Control number, known as a TCN. Type the entire 11-digit TCN and press <ENTER>. If no prior authorization type was entered in step 14, the device automatically bypasses this screen.

```
PRICE INQUIRY - 02          F1
                            F2
                            F3
CLAIM LINE 02               F4

PREV   NEXT   PRINT   EXIT
```

16. Claim Line Number

   This screen only displays if you typed something other than "1" in the TRANSACTION COUNT screen in step 8.

   If you indicated multiple price inquiries in step 8 (you may submit up to four price inquiries per transaction), the POS device progresses through the same series of screens as it did for Price Inquiry 01. You must repeat steps 10 – 15 for each claim line.

device system pharm
25

PRICE INQUIRY   SEND   F1
RE-EDIT   F2
SOC   F3
MS   F4
PREV   NEXT   PRINT   EXIT
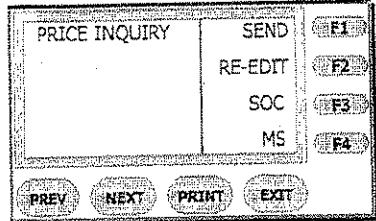
17. Send/Re-Edit Screen

After completing step 16, the Send/Re-Edit screen displays. Press F1 (SEND) to submit the drug price inquiry transaction.
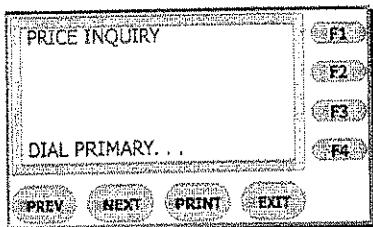
PRICE INQUIRY   F1
F2
F3
DIAL PRIMARY...   F4
PREV   NEXT   PRINT   EXIT

After you press F1, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.

PRICE INQUIRY   F1
F2
F3
RECEIVING...   F4
PREV   NEXT   PRINT   EXIT

Response Received

PRICE INQUIRY   F1
RESPONSE RECEIVED   F2
PRESS PRINT KEY TO
GENERATE RECEIPT   F3
OR ANY KEY TO
CONTINUE   F4
PREV   NEXT   PRINT   EXIT
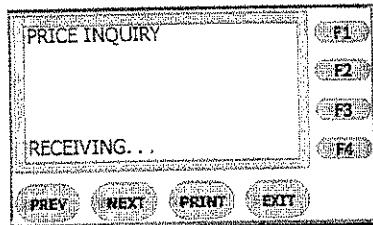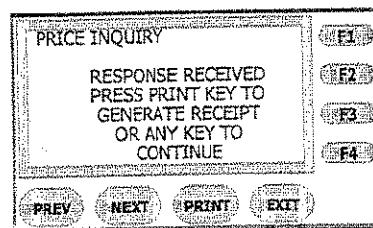
Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.

EXHIBIT E

Pharmacy Claim Form (30-1) Completion

The *Pharmacy Claim Form* (30-1) is used by pharmacies to bill Medi-Cal for prescriptions and medical supplies.

Durable Medical Equipment (DME) and blood products must be billed using the *HCFA 1500* claim form. See the *HCFA 1500 Completion* section of this manual for information.

If billing for a compounded drug prescription, complete the *Compound Pharmacy Claim Form* (30-4). Refer to the *Compound Pharmacy Claim Form* (30-4) *Completion* section of this manual for instructions on how to bill for compounded drug prescriptions.

Most claims for non-compounded drugs and medical supplies also may be submitted through the National Council for Prescription Drug Programs (NCPDP) Batch Standard, Version 1.1. For batch submission information, refer to the *CMC* section in the Part 1 manual.

Claims for compounded and non-compounded pharmaceutical products also may be submitted online through the Point of Service (POS) network. Claims submitted online will be immediately adjudicated, including program requirements, Drug Use Review (DUR), eligibility and Share of Cost (SOC) liability. Pharmacies may access the POS network using vendor-supplied hardware and software or a POS device available through EDS. For more information, call the Telephone Service Center (TSC) at 1-800-541-5555.

For information about billing via Computer Media Claims (CMC) or POS, refer to the *CMC* and *Point of Service (POS)* sections in the Part 1 provider manual.

Pharmacy providers with Internet access also may submit single compound and non-compound pharmacy claims using the Real-Time Internet Pharmacy (RTIP) claim submission system. To submit RTIP claim transactions on the Medi-Cal Web site, submitters must complete the *Medi-Cal Point of Service (POS) Network/Internet Agreement* and send to:

> Attn: POS/Internet Help Desk
> EDS
> 3215 Prospect Park Drive
> Rancho Cordova, CA 95670-6017

RTIP submitters also must complete the *Medi-Cal Telecommunications Provider and Biller Application/ Agreement* and send to:

> Attn: CMC Unit
> EDS
> P.O. Box 15508
> Sacramento, CA 95852-1508

Crossover pharmacy claims that do not cross over automatically via NCPDP must be billed on the *Pharmacy Claim Form* (30-1). These claims cannot be billed via CMC, POS, or RTIP. For more information and billing examples, refer to the *Medicare/Medi-Cal Crossover Claims: Pharmacy Services Billing Examples* section of this manual.

pcf30-1 comp

2

Figure 1. Medi-Cal Required Fields (Sample *Pharmacy Claim Form* [30-1]).

Explanation of Form Items

The following item numbers and descriptions correspond to the sample *Pharmacy Claim Form* (30-1) on the previous page. <u>All items must be completed unless otherwise noted in these instructions.</u>

For general paper claim billing instructions, refer to the *Forms: Legibility and Completion Standards* Section of this manual.

Item	Description

1. **CLAIM CONTROL NUMBER.** For EDS use only. Do not mark in this area. A unique 13-digit number, assigned by EDS to track each claim, will be entered here when the claim is received by EDS.

2. **ID QUALIFIER.** Identifies the NCPDP 5.1 standard provider ID type. Place a 05 for Medi-Cal Pharmacy Provider ID.

3. **PROVIDER NUMBER.** Enter your Medi-Cal provider number if this information is not pre-imprinted. Be sure to include all <u>nine</u> characters of the number.

    Do not submit claims using a Medicare provider number or State license number.

Provider ID
Number Change

When a provider is assigned a new provider identification number by the DHS Provider Enrollment Section, a beginning date is listed. When billing for dates of service on or after this beginning date, the new number should be used. When billing for dates of service prior to this beginning date, the old provider identification number is to be used.

Pre-imprinted Claim Forms

Providers using pre-imprinted claim forms should keep some blank claim forms on hand that are pre-imprinted with the old number until the Medi-Cal accounts are reconciled for dates of service prior to the beginning date of the new number.

pcf30-1 comp

4

Item	Description

3. **PROVIDER NUMBER (continued).**

Billing Services

Providers using a billing service should notify the service to amend its records so that the correct provider number for the date of service will appear on the claim.

CHECK DIGIT. A check digit is used by EDS to verify accurate input of the Medi-Cal provider ID number. Although the claim form does not indicate a Check Digit box, the check digit can be placed three spaces to the right of the provider number. The check digit is <u>not</u> a required item. However, it is recommended to ensure payment for the claim is made to the correct provider. If you do not know your check digit, you may contact the Provider Support Center (PSC) at 1-800-541-5555.

3a. **PROVIDER NAME, ADDRESS, PHONE NUMBER.** Enter your name, address and telephone number if this information is not pre-imprinted on the claim form. Confirm that this information is correct before submitting claim forms.

4. **ZIP CODE.** Enter the pharmacy's five-digit ZIP code if this information is not already pre-imprinted on the claim form.

Item	Description
5.	**PATIENT NAME.** Enter the patient's last name, first name, and middle initial, if known. Avoid nicknames or aliases.

Newborn Infant

When submitting a claim for a newborn infant using the mother's ID number, enter the infant's name, sex and year of birth in the appropriate spaces. Enter the complete date of birth (MMDDYYYY) and write "Newborn Infant using mother's card" in the *Specific Details/Remarks* area.

If the infant has not yet been named, write the mother's last name followed by "Baby Boy" or "Baby Girl" (example: Jones, Baby Girl). If newborn infants from a multiple birth are being billed in addition to the mother, each newborn must also be designated by number or letter (example: Jones, Baby Girl, Twin A).

Services to an infant may be billed with the mother's ID for the month of birth and the following month only. After this time, the infant must have his or her own Medi-Cal ID number.

6. **MEDI-CAL IDENTIFICATION NUMBER.** Enter the 14-character recipient ID number as it appears on the Benefits Identification Card (BIC).

7. **SEX.** Use the capital letter "M" for male, or "F" for female. Obtain the sex indicator from the BIC. (For newborns, see *Item 4.*)

pcf30-1 comp

6

Item	Description

8. **DATE OF BIRTH.** Obtain this number from the recipient's BIC. Although the form utilizes MMDDYYYY format, enter the date in MMDDCCYY format, where "MM" is the two-digit month, "DD" is the two-digit day, "CC" is the two-digit century and "YY" is the two-digit year. For example, a birth date of March 8, 1945 should be entered as "03081945." Birth dates may not be in the future. You must enter this information in order for your claim to process successfully.

9. **PATIENT LOCATION.** If the recipient is residing in a Nursing Facility (NF) Level A or B or Nursing Facility Level B (Subacute Care), enter the appropriate code in this field:

    C — Nursing Facility (NF) Level A
    4 — Nursing Facility (NF) Level B
    F — Nursing Facility (NF) Level B (Adult Subacute)
    F — Subacute Care Facility
    G — Intermediate Care Facility–Developmentally
        Disabled (NF-A/DD)
    H — Intermediate Care Facility–Developmentally
        Disabled, Habilitative (NF-A/DD-H)
    I — Intermediate Care Facility–Developmentally
        Disabled, Nursing (NF-A/DD-N)
    M — Nursing Facility Level B (Pediatric Subacute)

    If the recipient is not residing in any of these facilities, leave
    Item 9 blank.

Item	Description

10. **MEDICARE STATUS.** Medicare status codes are required for Charpentier claims. In all other circumstances, these codes are optional. The Medicare status codes are:

Code	Explanation
0	Under 65, does not have Medicare coverage
* 1	Benefits exhausted
* 2	Utilization committee denial or physician non-certification
* 3	No prior hospital stay
* 4	Facility denial
* 5	Non-eligible provider
* 6	Non-eligible recipient
* 7	Medicare benefits denied or cut short by Medicare intermediary
8	Non-covered services
* 9	PSRO denial
* L	Medi/Medi Charpentier: Benefit limitations
* R	Medi/Medi Charpentier: Rates
* T	Medi/Medi Charpentier: Both rates and benefit limitations

* Documentation required. Refer to the *Medicare/Medi-Cal Crossover Claims: Pharmacy Services* section in this manual for additional information.

11. **PRESCRIPTION NUMBER.** Enter your prescription number in this space for reference on the *Remittance Advice Details* (check warrant and voucher). A maximum of eight digits may be used.

pcf30-1 comp

8

Item   Description

12.   **DATE OF SERVICE.** Although Medi-Cal utilizes a six-digit date of service field on all other claim types (including the *HCFA 1500*), enter the date that the prescription was filled in eight-digit MMDDYYYY (Month, Day, Year) format (for example, August 6, 2001 = 08062001).

13.   **METRIC QUANTITY.**

For dates of service <u>prior to October 1, 2002</u>:

The quantity dispensed must be submitted as a whole number. For example, a quantity of 3.5 should be rounded up to 4 and submitted as "4.000". The field must include trailing zeroes.

A quantity of 100 should be billed as "100.000".

For dates of service <u>on or after October 1, 2002</u>:

The quantity dispensed must be submitted in metric decimal form. For example, a quantity of 3.5 must be submitted as "3.500". The field must include trailing zeros.

Do not include measurement units such as Gm or cc.

Item	Description
13.	**METRIC QUANTITY (continued).**

Use Correct Measurement Unit

The correct measurement unit is listed beside each item in the Contract Drugs List sections. This is the measurement unit you should use for billing. For items requiring a *Treatment Authorization Request* (TAR), the approved TAR will specify the exact number of units to be used in the quantity field of the claim form.

Package Size
Specific Codes

The listings in the *Medical Supplies List* and the Contract Drugs List sections of this manual are sometimes package-size specific. That is, a different code is assigned to different package sizes of the same drug or medical supply.

In such cases, use the code that corresponds to a trade package actually made by the manufacturer whose product is dispensed. If the manufacturer does not make a trade package containing the quantity dispensed, use the code that corresponds to the package size that was used in filling the prescription. For instance, if 60 grams of an ointment are dispensed out of a 454 Gm jar, the code for the 454 Gm jar should be used.

Prepacks

The units (Gm's, cc's or each) that are to be used when billing the program are specified in the item's listing. The units specified must be used in all cases. The quantity entered for prepacks should always be in the number of units specified in the Contract Drugs List sections.

14.   **CODE 1 (RESTRICTIONS) MET?** A "Y" means that the Code 1 restriction listed under the drug in the Contract Drugs List sections has been met.

15.   **DAYS SUPPLY.** Enter the estimated number of days that the drug dispensed will last.

pcf30-1 comp

10

Item	Description
16.	**BASIS OF COST DETERMINATION.** This field indicates the method by which the ingredient cost was calculated. Enter "09" (Other) if the cost basis is Disproportionate share/Public Health Service or the drug is purchased under the 340B Drug Discount Program. Otherwise enter "00" (Not specified).
17.	**PRODUCT ID QUALIFIER.** This field identifies the type of product ID submitted. Place a "03" for National Drug Code (NDC) in this field or "99" for medical supplies.
18.	**PRODUCT ID.** When billing for drugs, enter the NDC, Universal Product Code (UPC) or Health Related Items (HRI) code of the drug billed. Enter the Medi-Cal manufacturer billing and type codes when billing for medical supplies.

Zero Fill NDC Numbers

All NDC numbers must be 11 digits long. NDCs printed on packages often have fewer than 11 digits, with hyphens (-) separating the number into three segments. For a complete 11-digit number, the first segment must have five digits, the second segment four digits and the third segment two digits. Add leading zeros wherever they are needed to complete a segment with the correct number of digits. For example:

Package Number	Zero Fill	11-digit NDC
1234-1234-12	(01234-1234-12)	01234123412
12345-123-12	(12345-0123-12)	12345012312
2-22-2	(00002-0022-02)	00002002202

Item	Description
18.	**PRODUCT ID (continued).**

Drug Manufacturer
and Product Codes

If the item being billed is a drug, check the list found in the *Drugs: Contract Drugs List Part 5 – Authorized Drug Manufacturer Labeler Codes* section of this manual. The products of manufacturers not listed in this section are not covered by Medi-Cal without prior authorization.

Medical Supply Manufacturer
and Product Codes

If the item being billed is a medical supply, use the manufacturer code found in the *Medical Supplies: Manufacturer Billing Codes* section of this manual and the product code found in the Medical Supplies List sections of this manual.

When billing on a 30-1 claim form, enter the two-digit manufacturer code <u>before</u> the five-digit medical supply code. For example, if the manufacturer billing code for medical supply code 9917B is "OT," then enter the code as "OT9917B". Be sure to enter the code right-justified.

Providers billing on the *HCFA 1500* claim form should refer to the *HCFA 1500 Completion* section of this manual for instructions on how to bill for medical supply codes.

Note: Effective November 1, 2003, billing for a medical supply with code 9999A requires providers to submit, as an attachment, a copy of the original *Treatment Authorization Request* (TAR) along with appropriate pricing documentation (for example, invoice or manufacturer catalog page) with the claim. Indicate the name of the supply, principal labeler and quantity in the *Specific Details/Remarks* area. Medical supplies cannot be billed through the POS network.

Billing for TAR-Authorized
Services

When billing for an item authorized by a TAR, use the manufacturer/type code specified on the TAR.

pcf30-1 comp

12

Item	Description

19. **ID QUALIFIER.** Identifies the NCPDP 5.1 standard provider ID type. Enter "08" to indicate the State license number. "08" is the NCPDP code used to identify the contents of field 20 (the State license number).

20. **PRESCRIBER ID.** Enter the provider's State license number in this box. Do not use the Drug Enforcement Administration (DEA) Narcotic Registry Number. This information must be entered for your claim to successfully process.

21. **PRIMARY ICD-CM.** Optional. If available, enter all letters and/or numbers of the *International Classification of Diseases – 9th Revision – Clinical Modification* (ICD-9-CM) code for the primary diagnosis, including the fourth and fifth digits, if present. Do not enter the decimal point.

22. **SECONDARY ICD-CM.** Optional. The primary diagnosis code should be placed in the first occurrence and the secondary should be placed in the second occurrence.

23. **CHARGE.** Enter the dollar and cents amount for this item. Do not enter a decimal point (.) or dollar sign ($). If the item is taxable, include the applicable state and county sales tax for each claim line total. For DMERC NCPDP hardcopy pharmacy crossovers, enter the Medicare Allowed Amount.

24. **OTHER COVERAGE PAID.** Enter the full dollar amount of payment received from Other Health Coverage carriers. Do not enter a decimal point (.) or dollar sign ($). Leave blank if not applicable. For DMERC NCPDP hardcopy pharmacy crossovers, add the Other Health Coverage Amount(s) and Medicare Paid Amount, then enter the combined total.

Item   Description

25.   **OTHER COVERAGE CODE.** A valid Other Coverage Code is required. Enter one of the following values:

Code   Explanation

0   Not Specified or No Other Coverage Exists

2   Other Coverage Exists, Payment Not Collected

7   Other Coverage Exists, Claim was not covered or other coverage was not in effect at time of service

9   Other Coverage Exists, Payment Collected

26.   **PATIENT'S SHARE (OF COST).** Enter the full dollar amount of the patient's Share of Cost for the procedure, service or supply. Do not enter a decimal point (.) or dollar sign ($). Leave blank if not applicable. For more information, see the *Share of Cost (SOC): 30-1 for Pharmacy* section in this manual.

27.   **TAR CONTROL NUMBER.** If prior authorization is required, enter the 11-digit TAR Control Number (TCN) from your copy of the approved TAR on each applicable claim line. It is not necessary to attach a copy of the TAR to the claim. Recipient, quantity, drug and date of service on the claim must agree with the information on the TAR.

pcf30-1 comp
14

Item	Description

28. **COMPOUND CODE.** Enter the appropriate code in this box.

Code	Description
0	Not specified
1	Not a compound
2	Compound

Note: Compound pharmacy claims should be billed on the *Compound Pharmacy Claim Form* (30-4) or electronically through the POS network or Real-Time Internet Pharmacy (RTIP) claim submission system.

29. **DELETE.** If an error has been made, enter an "X" in this space to delete the entire line. Enter the correct billing information on another line. When a *Delete* box is marked "X", the information on the line will be "ignored" by the system and will not be entered as a claim line.

30 – 86. **ADDITIONAL CLAIM LINES.** Lines 2, 3 and 4 are used for additional items for the same patient during the same month of service.

87. **MEDICAL RECORD NUMBER.** This is an optional field that will help you to easily identify a recipient on RTDs. Enter the patient's medical record number or account number in this field. A maximum of 10 numbers and/or letters may be used. Whatever you enter here will appear on the RTD. Refer to the *Resubmission Turnaround Document (RTD) Completion* section in this manual for more information.

If the pharmacy does not assign unique record-keeping numbers to each recipient, it is recommended that the recipient's name be entered in this field.

Item   Description

88.   **BILLING LIMIT EXCEPTIONS.** If there is an exception to the six-month billing limitation, enter the appropriate reason code number and include the required documentation. (See the *Pharmacy Claim Form [30-1] Submission and Timeliness Instructions* section of this manual.)

89.   **ATTACHMENTS.** Enter an "X" if attachments are included with the claim (for example, catalog pages, invoices, etc.). Leave blank if not applicable.

  Reminder: If this box is not marked, attachments may not be seen by the claim examiner, which may cause the claim to be denied.

90.   **DATE BILLED.** Enter the date this statement is being submitted to EDS for processing. Use numbers as described in *Item 12* (Date of Service).

91.   **DISCHARGE DATE.** Leave blank. This will be used for the date the patient was discharged from the hospital.

92, 93.   **F.I. USE ONLY.** Leave blank.

94.   **SIGNATURE OF PROVIDER AND DATE.** The claim must be signed and dated by the provider or a representative assigned by the provider. Use black ballpoint pen only.

  An original signature is required on all paper claims. The signature must be written, not printed. Stamps, initials or facsimiles are not acceptable. The signature does not have to be on file at EDS.

pcf30-1 comp

16

Item   Description

95.   **SPECIFIC DETAILS/REMARKS.** Use this blank space to clarify or detail any line item. Indicate the line item number being referenced. If additional space is needed, insert a capital "X" or "Y" in Box 89 (*Attachments*) and clip or staple your attachment to the top right-hand corner of the claim.

The *Specific Details/Remarks* area is also used to provide information on Share of Cost, Crossovers or Charpentier Rebilling. See the *Pharmacy Claim Form (30-1): Special Billing Instructions* section, the *Share of Cost: (30-1) for Pharmacy* section or the *Medicare/Medi-Cal Crossover Claims: Pharmacy Services* section of this manual for more information.

Emergency Certification Statement

Claims that require documentation, such as an Emergency Certification Statement, cannot be billed through the POS network or CMC format. The Emergency Certification Statement must be attached to the claim and include:

- The nature of the emergency, including relevant clinical information about the patient's condition

- Why the emergency services rendered were considered to be immediately necessary

- The signature of the physician, podiatrist, dentist or pharmacist who had direct knowledge of the emergency

The statement must be comprehensive enough to support a finding that an emergency existed. A mere statement that an emergency existed is not sufficient.

An Emergency Certification Statement may not be used in place of a Treatment Authorization Request (TAR) for diabetic supplies that require prior authorization when the maximum quantity has been reached. For further information, see the *Medical Supplies* section in this manual.

Note: Emergency claims cannot be billed using the CMC format or through the POS network.